

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Borough of Beach Haven County: Ocean
 Employee Organization: Teamster Local 97 Blue Collar Employees Employees in Unit: 19
 Base Year Contract Term: 7/1/2011 12/31/2011 New Contract Term 1/1/2012 12/31/2015
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

| | | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|--|--------------|--|--|
| Section II: Economic | | | |
| Item 1 | Salary | \$817,780 | \$896,221 |
| Item 2 | Increment | \$0 | \$0 |
| Item 3 | Longevity | \$58,570 | \$0 |
| Item 4 | Title Change | \$0 | \$8,800 |
| Item 5 | | | |
| Item 6 | | | |
| Item 7 | | | |
| Item 8 | | | |
| Item 9 | | | |
| Item 10 | | | |
| Item 11 | | | |
| Item 12 | | | |
| Any additional items list on separate sheet Additional Items | | | |
| Section III: Totals - Sum of costs in each column | | \$876,350 | \$905,021 |
| | | (Total) | (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$876,350

| Effective Date (m/d/yyyy) | 1/1/2012 | 1/1/2013 | 1/1/2014 | 1/1/2015 | | |
|---|-----------|-----------|-----------|-----------|--|--|
| Percent Increase | 3.27% | 2.4% | 2.5% | 2.17% | | |
| Total cost of Increase .. | | \$21,874 | \$23,649 | \$20,705 | | |
| Total base salary (successor agreement) | \$905,021 | \$926,895 | \$950,544 | \$971,249 | | |

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.58%
 Dollar Impact (average per year over term of agreement) \$23,725.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | | | |
|------------------------------|-----------|-----------|--|--|--|--|
| Cost of Health Plan | \$232,000 | \$264,203 | | | | |
| Employee Contributions | \$8,764 | \$17,823 | | | | |
| Prescription | | | | | | |
| Dental | | | | | | |
| Vision | | | | | | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Richard S. Crane Title: Borough Manager
 Print Name
 Signature
 Date: 10/26/2012